

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

12201815
APPLICANT(S)

FILING DATE

4-4-05 CLAIMS 4-4-05						
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
IND.	DER.	IND.	DER.	IND.	DER.	
1						51
2						52
3						53
4						54
5						55
6						56
7						57
8						58
9						59
10						60
11						61
12						62
13						63
14						64
15						65
16						66
17						67
18						68
19						69
20						70
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22						72
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31						81
32						82
33						83
34						84
35						85
36						86
37						87
38						88
39						89
40						90
41						91
42						92
43						93
44						94
45						95
46						96
47						97
48						98
49						99
50						100
TOTAL IND.	12	10	10	10	10	TOTAL IND.
TOTAL DER.	34	24	24	24	24	TOTAL DER.
TOTAL CLAIMS	48	35	35	35	35	TOTAL CLAIMS

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS